Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to So	chool Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Alder Elem			Madison		0536
High School or K-12 District Responsit	ole for Reimbursing the Cont	ract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high school	ol?			<u>'</u>
Are you applying for isolation state		<u>-</u>	Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased reir		Student Name	CCHOOL	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to see must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade
Elem District Approval	Initials □ no □ no	3	Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FO Grades 1-12	<u>)R:</u>	
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters
Danna Billis Physical Address (street address	only):		Pre-kindergarten/Kinder		□ Both Semesters
Distance from home to nearest so Elementary 4.5 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by the Total Total	is contract.	KINDERGARTEN/PREK Kindergarten child ride by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scho CLERKS: Send original files. COUNTY SUPERINTEN COUNT	times per day,times per day,time	days per week days per week ol-age students: days per week
Agreement between parent (parent (county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the studer 2. In March and June, the District shall paransported for the past semester. 3. The payment shall be computed on the computed on the county of the contract shall terminate at the end the county of the county	cransportation for the student(s) to the student (s) the state of the parent the sum officially a the basis of the schedule established of the school year or when the Chair, Board of Truste	only when transportation for the pproved in the application upon ned in Section 20-10-142, MCA, student(s) is no longer enrolled	pred to as the District(s). pp on the days when school is in distance reported on the contract certification by the teacher or put and the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and ober of days the student(s) was
High School District	Chair, Board of Truste	es			Date
	l attes	t that the above informa	tion is true and correct.		1
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	0-2501		Du	e to School Clerk June	1			
Elementary District Re	sponsible for Re	eimbursing the	e Contract		County		Legal Entity		
	,	J							
Alder Elem High School or K-12 D	istrict Responsi	ble for Reimbu	ursing the Con	tract	Madison County		0536 Legal Entity		
J			3						
				10					
Is this contract shar ☐ yes ☐ no	ed between e	iementary ai	na nign scno	01?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attac ISOLATION: Section	20-10-142, MC/	A, provides for							
rates for special circum increased rates, individ trustees of the district	dual circumstand the county trans	ces must be re sportation com	eviewed and a nmittee, and th	pproved by the	Student Name	School	Grade		
Public Instruction. (10.	·	J	ŕ		Student Name	School	Grade		
Check here only if incr District Trustees and the		sportation Con	nmittee.	oproved by the					
Elem District Approval	□ yes	□ no	itials		Student Name	School	Grade		
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT	IS FOR:			
Parent or Guardian					Grades 1-12		Dette Occasion		
lana ifa a la Mana	4	,			☐ 1st Semester Or	nly 2nd Semester O	nly Both Semesters		
Jennifer L. Marc Physical Address (s		only):			Pre-kindergarten/Ki	indergarten nly □ 2nd Semester O	nly Both Semesters		
					KINDERGARTEN/	PREKINDERGARTEN:			
Distance from home Elementary 6.5	e to nearest so HS 0	chool (one w	ay)		Kindergarten child by this contract:	d rides <u>with</u> other schoo	l-age students also covered , days per week , days per week		
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if an	y (one way)		Kindergarten child	d rides <u>without</u> other sch	, days per week nool-age students: , days per week , days per week		
Contract is for o	ne-way only				10 or from School	times per day	, days per week		
Students in Each Grade Lo	evel - Only include	the students to	be covered by th	is contract.	<u>Deadlines:</u>				
	Pre-K	K	1-8	9-12	PARENTS: Due to	School Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send or files.	iginal to County Supt by J	luly 1, retain a copy for your		
Regular Trans					COUNTY SUPERIN	NTENDENTS: Send origi	nal to OPI by July 10, retain a		
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain copy for your files.				
Room & Board						REIMBURSEMENT	RATE		
Carragnandanaa				1	(For	district, county and Of	PI use only)		
Correspondence									
Reg. Contingency					R	eimbursement rate is dete	ermined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement betweer	n parent (pare	nt name)			, and school district	(district name)			
(county name)				County, hereinaf	ter referred to as the Distri	ct(s).			
The parties agree as follow		transportation fo		-			ardian assures that a licensed and		
insured driver will t	ransport the stude	nts. Mileage co	ntracts are valid	only when transportation	on for the distance reported on the	contract actually occurs.	number of days the student(s) was		
transported for the	past semester.		•		•		number of days the student(s) was		
 This contract shall 	terminate at the er	nd of the school	year or when the	student(s) is no longe	42, MCA, and the information according enrolled in school, whichever occ	urs first.	15.		
Elementary School Alder Elem	District	Chair, Bo	ard of Truste	es			Date		
High School District	:	Chair, Bo	ard of Truste	es			Date		
			l attes	t that the above	information is true and cor	rect.			
Signature - Parent or	Guardian					Date			
_						1			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity	
Alder Elem						Madison		0536	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	od botwoon ol	omontary an	d high scho	al2					
ges no	eu between ei	ememary an	u nign schoo	JI !					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attac			increased rein	nbursement	1	ioni ramo	Concor		Grade
rates for special circum	nstances of isola	ition of resider	ice. In order to	o receive	Stuc	lent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the			ioni ramo	3011001		Grado
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	lent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap imittee	proved by the					
Elem District Approval		Ini	tials		Stuc	lent Name	School		Grade
HS District Approval	□ yes □	□ no □ no				2 00NTD 4 0T 10 F0	. D		
County Approval Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>		
	`	e Fillit)			□ 1	st Semester Only	□ 2nd Semester On	ly Both Se	mesters
Kathleen & How					Pre-	kindergarten/Kinder	garten		
Physical Address (s	treet address	only):			□ 1	st Semester Only	 2nd Semester On 	ly □ Both Se	mesters
						DERGARTEN/PRE			
Distance from home	to nearest sc	hool (one wa	av)			dergarten child ride his contract:	es with other school-	age students a	Iso covered
Elementary 10	HS 0	`	,		To c	or from Bus Stop	times per day, _	day:	s per week
Distance from home	to nearest bu	is stop, if any	(one way)		To c	r from School dergarten child ride	times per day, es without other scho	ool-age studen	s per week
Elementary 0	HS 0				Tod	or from Bus Stop	times per day, _	day:	s per week
□ Contract is for o	ne-way only				Тос	or from School	times per day, _	day:	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12	PAR	RENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total			to County Supt by Ju	ly 1, retain a co _l	ρy for your
Regular Trans					files	•			
Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July	y 10, retain a
Spec. Eu. Hans					copy	for your files.			
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								<u></u>	
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(. "	,		Oarratir hanaina		·	,		
(county name) The parties agree as follow				•		to as the District(s).			
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract			
transported for the	past semester.	•	•		·		rincipal of the school of the nu	imber of days the stu	dent(s) was
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany thool, whichever occurs firs		_	
Elementary School Alder Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
0:	0 "		I attes	t that the above	information	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Alder Elem						Madison		0536	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Stud	dent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	y □ Both Sei	mesters
Kenneth Shields					Pre	kindergarten/Kinder	rarten		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters
						DERGARTEN/PRE			
Distance from home Elementary 7	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o					To c	or from School	times per day, _ times per day, _	days	per week
Students in Each Grade Le		the students to t	be covered by thi	s contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
Decodes Trees	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	y for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	l to OPI by July	10, retain a
Room & Board						· •	IMBURSEMENT RA	ΔTF	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimbi	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
		1							
Agreement between	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································
(county name)				County, hereina	after referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	ian assures that a lic	ensed and
In March and June,	, the District shall p					nce reported on the contractification by the teacher or pr	ct actually occurs. rincipal of the school of the nui	mber of days the stu	dent(s) was
transported for the 3. The payment shall	be computed on th	e basis of the so	chedule establish	ed in Section 20-10-	-142, MCA, and	the information accompany	ing this contract.		
Elementary School			ard of Truste		gor critotieu iii SC	MOOI, WINGIEVEL OCCUIS IIIS	L.	Date	
Alder Elem High School District		Chair, Boa	ard of Truste	es				Date	
			1	14b a4 # 1	i=f=	in time and a			
Signature - Parent or	Guardian		I attes	triat the above	intormation	is true and correct.	Date		
orginature - i arciil or	- aururan						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 ı, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract		County		Legal Entity
High School or K-12 Dist	trict Responsib	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Sheridan H S					Madison		0538
Is this contract shared ☐ yes ☐ no	d between el	ementary an	d high scho	ol?			
Are you applying for it (If yes, please attach	explanation)		□ No		Student Name	School	Grade
ISOLATION: Section 20 rates for special circums increased rates, individutrustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc e county trans	tion of resident es must be resportation com	ice. In order to viewed and appoint and the contraction of the contrac	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	sed payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes □	Ini □ no	tials		Student Name	School	Grade
		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian N	ame: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Karen Carpenter		I. A.			Pre-kindergarten/Kinde		
Physical Address (str	eet address	oniy):			•		y Both Semesters
Distance from home t Elementary 0 Distance from home t Elementary 0 Contract is for one	HS 0 o nearest bu HS 5				by this contract: To or from Bus Stop To or from School Kindergarten child ric	times per day,times per day,times per day,times per day,tes without other scho	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Leve	, ,	the students to b	e covered by th	is contract.	Deadlines:		
Г	Pre-K	K	1-8	9-12	PARENTS: Due to Sci	hool Clerk June 1.	
-	Total	Total	Total	Total	CLERKS: Send origination files.	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	EINADI IDOEMENT D	ATE
Room & Board Correspondence						EIMBURSEMENT RA strict, county and OPI	
Reg. Contingency					_ ReimI	oursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between p	parent (parer	nt name)			, and school district (dis	trict name)	······································
insured driver will trai 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide to insport the studer ne District shall past semester. the computed on the	nts. Mileage con ay the parent the ne basis of the sc	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	fter referred to as the District(s or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accompan	in session. The parent or guard act actually occurs. principal of the school of the nu hying this contract.	
4. This contract shall tel Elementary School Di			rear or when the ord of Truste		er enrolled in school, whichever occurs fi	151.	Date
High School District Sheridan H S		Chair, Boa	ard of Truste	es 			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or G	uardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	unty		Legal Entity	
High School or K-12 D	istrict Responsib	ole for Reimbur	sing the Con	tract	Co	unty		Legal Entity	
Twin Bridges K-	-12 Schools	3			М	adison		0540	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?					
Are you applying for	r isolation statu	us? □ Yes	□ No		Student	Namo	School	Grade	
(If yes, please attaction: Section	20-10-142, MCA	A, provides for i	ncreased rei	mbursement	Student	Name	SCHOOL	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comr	riewed and a mittee, and th	pproved by the	Student	Name	School	Grade	
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Student	Name	School	Grade	
Elem District Approval		□ no	ials 		Student	Name	School	Grade	
HS District Approval County Approval	,	□ no				NTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Onl	y Both Semesters	
Brenda Napier						ergarten/Kinder			
Physical Address (s	street address	only):			□ 1st S	emester Only	□ 2nd Semester Only	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 19 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinderg by this To or fro To or fro Kinderg To or fro To or fro Deadli PAREN CLERKS files.	arten child ride contract: m Bus Stop m School arten child ride m Bus Stop m School res: S: Due to Sch S: Send origina Y SUPERINTER your files. RI (For dis	times per day,times per day, times per day, es without other schotimes per day, times per day,	days per week da	
insured driver will to 2. In March and June transported for the 3. The payment shall	ws: ansport or provide t transport the studer , the District shall p past semester. be computed on th	transportation for nts. Mileage cont pay the parent the ne basis of the sch	the student(s) tracts are valid a sum officially a	County, hereinaft of and from the school only when transportation	ter referred to a or bus stop on the d on for the distance re tion upon certification 42, MCA, and the in	s the District(s) ays when school is in ported on the contra n by the teacher or p formation accompan	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
Elementary School			rd of Truste					Date	
High School District Twin Bridges K-12		Chair, Boa	rd of Truste	ees				Date	
Cianatana Bara	Overall		I attes	t that the above i	information is tr	ue and correct.	l Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	x 202501 , MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract		County		Legal Entity
High School or K-12 Dist	rict Responsib	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Twin Bridges K-1	2 Schools	i			Madison		0540
Is this contract shared □ yes □ no	l between el	ementary an	d high school	ol?			
Are you applying for is (If yes, please attach (ISOLATION: Section 20	explanation)		□ No	aburaamant	Student Name	School	Grade
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.	ances of isola al circumstanc e county trans	tion of resident es must be resportation com	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the		portation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	School	Grade
County Approval	□ yes □	no			THIS CONTRACT IS F Grades 1-12	OR:	
Parent or Guardian No		e Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Clay & Amber Ga Physical Address (stre	eet address	only):			Pre-kindergarten/Kinde □ 1st Semester Only	ergarten □ 2nd Semester Onl	y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve	HS 4.2 o nearest bu HS 0 e-way only el - Only include	is stop, if any	(one way)		by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin files.	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						EIMBURSEMENT RA strict, county and OPI	
Reg.							
Contingency Spec. Ed. Contin.					Reim	bursement rate is deterr 20-10-142, MCA.	mined by
insured driver will trar 2. In March and June, th transported for the pa	sport or provide to sport the studer the District shall post semester.	ransportation for nts. Mileage con ay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati pproved in the applica	, and school district (district referred to as the District(s or bus stop on the days when school is on for the distance reported on the contraction upon certification by the teacher or 142, MCA, and the information accompa	in session. The parent or guard act actually occurs. principal of the school of the nu	
	minate at the en	d of the school y		student(s) is no longe	er enrolled in school, whichever occurs f		Date
High School District Twin Bridges K-12 Sc	hools	Chair, Boa	ard of Truste	es			Date
			I attes	that the above	information is true and correct	·	
Signature - Parent or G	uardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620	1-2501		chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County	1	Legal Entity
High School or K-12 District Responsit	ole for Reimbursing the C	ontract	County		Legal Entity
Twin Bridges K-12 Schools	;		Madison		0540
Is this contract shared between el ☐ yes ☐ no	ementary and high sc	hool?			
Are you applying for isolation state (If yes, please attach explanation)			Student Name	School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In orderses must be reviewed and sportation committee, and	er to receive I approved by the I the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	portation Committee.	approved by the	Student Name	School	Grade
	Initials		Student Name	School	Grade
	no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Denise M. Smith			Pre-kindergarten/Kinder		
Physical Address (street address	only):		☐ 1st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Distance from home to nearest so Elementary 0 HS 14 Distance from home to nearest bu Elementary 0 HS 7		y)	by this contract: To or from Bus Stop To or from School Kindergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for one-way only					
Students in Each Grade Level - Only include			Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total	K 1-8 Total Total	9-12 Total	CLERKS: Send origina files.	to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans			COUNTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a
Room & Board				EIMBURSEMENT RA	ATE
Correspondence				rict, county and OPI	
Reg. Contingency			Reimb	ursement rate is deterr	nined by
Spec. Ed. Contin.				20-10-142, MCA.	
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,
(county name) The parties agree as follows:			er referred to as the District(s).		
insured driver will transport the studer	nts. Mileage contracts are va	lid only when transportatio	or bus stop on the days when school is in for the distance reported on the contraction of the distance reported on the contraction.	ct actually occurs.	
transported for the past semester.			tion upon certification by the teacher or p 42, MCA, and the information accompany	·	inder of days the student(s) was
This contract shall terminate at the er Elementary School District	d of the school year or when Chair, Board of Tru:	the student(s) is no longer	r enrolled in school, whichever occurs firs	it.	Date
High School District	Chair, Board of Trus				Date
Twin Bridges K-12 Schools	l ati	est that the above in	nformation is true and correct.		<u> </u>
Signature - Parent or Guardian			The state of the s	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	·	Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Twin Bridges K-	12 Schools	3			Madison		0540
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attack			□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	20-10-142, MCA stances of isola ual circumstand	A, provides for ation of resident ces must be re-	ice. In order to viewed and application of the contraction of the con	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre	7.116 ARM proveased payment	vides guidelines due to isolation	s for such.) n has been ap		Student Name	School	Grade
District Trustees and the Elem District Approval	-		imittee. tials		Student Name	School	Grade
HS District Approval	□ yes	□ no			THIS CONTRACT IS	FOR:	
Parent or Guardian		e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Jeff Stephens					Pre-kindergarten/Kind	lergarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 9 to nearest bu HS 0				by this contract: To or from Bus Stop_ To or from School Kindergarten child r	ides <u>with</u> other school-a times per day, times per day, ides without other scho	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to S		
Dogular Trans	Total	Total	Total	Total	files.	nal to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINT copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	
Correspondence					(For d	istrict, county and OPI	use only)
Reg. Contingency					Reir	nbursement rate is determ	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	parent (pare	nt name)			, and school district (d	istrict name)	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide transport the studenthe District shall past semester.	nts. Mileage con pay the parent the ne basis of the so	the student(s) t tracts are valid of e sum officially a	o and from the schoo only when transportat approved in the applic ned in Section 20-10-	fter referred to as the District(I or bus stop on the days when school i ion for the distance reported on the cor ation upon certification by the teacher of 142, MCA, and the information accomp er enrolled in school, whichever occurs	s in session. The parent or guard tract actually occurs. or principal of the school of the nu anying this contract.	
Elementary School I	District		ard of Truste				Date
High School District Twin Bridges K-12 S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correc		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Twin Bridges K-	12 Schools	1			Madison		0540
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attacl	h explanation)		□ No		Student Name	School	Grade
ISOLATION: Section 2 rates for special circum increased rates, individ trustees of the district,	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	nce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Jennifer Giem					Pre-kindergarten/Kind		
Physical Address (s	treet address	oniy):			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 4.5 to nearest bu HS 0				by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	des <u>with</u> other school-a times per day, _ times per day, _ des without other scho	days per week days per week ol-age students: days per week days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to So	shool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin		y 1, retain a copy for your
Regular Trans					files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		The of the only to, retain a
Room & Board					F	REIMBURSEMENT RA strict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reim	abursement rate is detern 20-10-142, MCA.	nined by
Agreement between	ı parent (pareı	nt name)			, and school district (di	strict name)	
insured driver will to 2. In March and June, transported for the 3. The payment shall	Insport or provide to ransport the stude the District shall past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) t tracts are valid of e sum officially a	o and from the schoo only when transportat approved in the applic ned in Section 20-10-	fter referred to as the District(state of the distance reported on the contact on the distance reported on the contact on upon certification by the teacher of the distance reported on the compation upon certification by the teacher of the distance of the	s in session. The parent or guard tract actually occurs. r principal of the school of the nul anying this contract.	
Elementary School I			ard of Truste				Date
High School District Twin Bridges K-12 S		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correc	t.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501		_		ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Twin Bridges K-	-12 Schools	5				Madison		0540
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	d high scho	ol?				
Are you applying fo			□ No		Stuc	ent Name	School	Grade
(If yes, please attaction ISOLATION: Section	20-10-142, MCA	A, provides for						
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Stud	ent Name	School	Grade
Check here only if incr District Trustees and t		sportation Com	mittee.	pproved by the	Stuc	ent Name	School	Grade
Elem District Approval		□ no	tials		Stuc	ent Name	School	Grade
HS District Approval County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters
Jody S. Sandru Physical Address (s		only).				kindergarten/Kinder		Dath Camanatana
i ilyeledi / idaleee (e	ar oot aaar ooo	oy /.				·	☐ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 5				Kind by the To do Kind To do	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week
□ Contract is for o	ne-way only				То о	r from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Dea	adlines: ENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send origina		y 1, retain a copy for your
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(1 01 0130	not, county and or r	doc omy)
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
,								
Agreement between	n parent (parei	nt name)			, and	school district (dist	rict name)	,
insured driver will to 2. In March and June transported for the 3. The payment shall	ansport or provide transport the student, the District shall past semester. be computed on the	nts. Mileage cor pay the parent the	the student(s) that the student (s) that the student (s) the standard stand	o and from the school only when transportation approved in the applicated in Section 20-10-1	or bus stop on on for the distar ation upon certif	nce reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	lian assures that a licensed and mber of days the student(s) was
Elementary School		Chair, Boa	ard of Truste	es				Date
High School District Twin Bridges K-12		Chair, Boa	ard of Truste	es				Date
			l attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent Office of Public Instruction INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

_				
Co	nt	ra	∩t.	+

PO Bo	x 202501 a, MT 59620				School Year 2004- 2005 ue to School Clerk June 1	
Elementary District Resp	oonsible for Re	imbursing the	Contract		County	Legal Entity
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract	County	Legal Entity
Twin Bridges K-1	2 Schools	i			Madison	0540
Is this contract shared □ yes □ no	d between el	ementary ar	nd high school	ol?		
Are you applying for i	solation statu	us? □ Yes	□ No		Student Name Sc	hool Grade
(If yes, please attach ISOLATION: Section 20	0-10-142, MCA	, provides for			Student Name 30	TIOOI GIAGE
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	al circumstanc ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name Sc	hool Grade
Check here only if increa District Trustees and the	ased payment	due to isolatio portation Com	n has been ap nmittee.	proved by the	Student Name Sc	hool Grade
Elem District Approval		□ no	itials		Student Name Sc	hool Grade
	□ yes □	no			THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian N	lame: (Pleas	e Print)				Semester Only Both Semesters
Karen Perry Physical Address (str	eet address	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd	Samastar Only Deth Samastara
i ilyeledi / idai eee (eti	301 444. 333	c,,.			KINDERGARTEN/PREKINDERG	·
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one Students in Each Grade Lev Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 7.5 to nearest bu HS 0 e-way only	s stop, if an	y (one way)	s contract. 9-12 Total	Kindergarten child rides with oby this contract: To or from Bus Stop tin To or from School with Kindergarten child rides without To or from Bus Stop tin To or from School To or from School tin To or from School Clerk Deadlines: PARENTS: Due to School Clerk CLERKS: Send original to Coun files. COUNTY SUPERINTENDENTS: copy for your files. REIMBUR (For district, cou	ther school-age students also covered nes per day, days per week nes per day, days per week at other school-age students: nes per day, days per week nes per day, days per week
insured driver will tra In March and June, to transported for the pa The payment shall be This contract shall te	sport or provide t nsport the studer he District shaller past semester. e computed on th rminate at the en	ransportation for its. Mileage cor iay the parent the ite basis of the so d of the school y	r the student(s) to stracts are valid of e sum officially a chedule establish year or when the	o and from the schoo inly when transportat pproved in the applic and in Section 20-10- student(s) is no long	, and school district (district name fter referred to as the District(s). I or bus stop on the days when school is in session. To for the distance reported on the contract actually or ation upon certification by the teacher or principal of the things. MCA, and the information accompanying this coner enrolled in school, whichever occurs first.	he parent or guardian assures that a licensed and ccurs. e school of the number of days the student(s) was tract.
Elementary School D	istrict	,	ard of Truste			Date
High School District Twin Bridges K-12 Sc	chools	Chair, Boa	ard of Truste	es		Date
			l attes	that the above	information is true and correct.	
Signature - Parent or G	·				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 le to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the (Contract		County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimburs	sing the Con	tract	County		Legal Entity
Twin Bridges K-	12 Schools	3			Madison		0540
Is this contract share ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?			
Are you applying for (If yes, please attack ISOLATION: Section:	h explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of residences must be revenued.	ce. In order to iewed and apaittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
Elem District Approval		Initi □ no	als 		Student Name	School	Grade
HS District Approval County Approval	ges	□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Lenny Mehlhoff Physical Address (s	troot addroos	only):			Pre-kindergarten/Kinder		
Friysical Address (s	ireet address	orily).			•		ly Doth Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 11.4				by this contract: To or from Bus Stop To or from School Kindergarten child rid	es <u>with</u> other school- times per day, times per day, es without other scho	days per week days per week days per week col-age students: days per week days per week days per week
☐ Contract is for or	ne-way only					times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RI	EIMBURSEMENT R trict, county and OPI	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is determed 20-10-142, MCA.	mined by
Agreement between	ı parent (pareı	nt name)			, and school district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,
insured driver will to 2. In March and June, transported for the 3. The payment shall	Insport or provide to ransport the stude the District shall past semester. be computed on the	nts. Mileage controlled the parent the ne basis of the sch	he student(s) t acts are valid of sum officially a edule establish	o and from the school only when transportation or the application of t	ter referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or p. 42, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. principal of the school of the nu ying this contract.	
Elementary School	District	Chair, Boar	d of Truste	es			Date
High School District Twin Bridges K-12 S		Chair, Boar	d of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Twin Bridges K	-12 Schools	S			Madison		0540
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS F	FOR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	y Both Semesters
Marilyn Pfertsh Physical Address (s	street address	only):			Pre-kindergarten/Kinde	ergarten □ 2nd Semester On	y Both Semesters
					KINDERGARTEN/PRI		
Distance from home Elementary 0 Distance from home Elementary 0	HS 5.9 e to nearest bi HS 0	·	• /		by this contract: To or from Bus Stop To or from School Kindergarten child ric	times per day, times per day, des without other scho	days per week days per week days per week ool-age students: days per week days per week days per week days per week
□ Contract is for o							7 1
Students in Each Grade L					<u>Deadlines:</u> PARENTS: Due to So	hool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin files.	al to County Supt by Ju	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTE	ENDENTS: Send origina	al to OPI by July 10, retain a
•					copy for your files.		
Room & Board Correspondence						REIMBURSEMENT R strict, county and OPI	
Reg.							
Contingency Spec. Ed. Contin.					Reim	bursement rate is determed 20-10-142, MCA.	mined by
Agreement between	n parent (pare	nt name)			, and school district (dis	strict name)	
(county name)		/			ter referred to as the District(s	,	·
The parties agree as follow		transportation for		3 ,	or bus stop on the days when school is	•	dian assures that a licensed and
insured driver will a 2. In March and June	transport the stude e, the District shall	nts. Mileage cor	tracts are valid	only when transportation	on for the distance reported on the cont tion upon certification by the teacher or	ract actually occurs.	
transported for the 3. The payment shall	be computed on t	he basis of the so	chedule establis	ned in Section 20-10-1	42, MCA, and the information accompa	nying this contract.	
4. This contract shall Elementary School			ear or when the ard of Truste		r enrolled in school, whichever occurs f	IISI.	Date
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			e to School (
Elementary District Re	sponsible for Re	eimbursing the (Contract		Co	ounty	1	Legal Entity
High School or K-12 D	istrict Responsib	ole for Reimburs	sing the Con	tract	Co	ounty		Legal Entity
Twin Bridges K-	-12 Schools	;			N	ladison		0540
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?				
Are you applying for	r isolation statu	us? □ Yes	□ No		Student	Nome	School	Grade
(If yes, please attac	20-10-142, MCA	A, provides for it	ncreased rein	mbursement	Studeni	iname	School	Grade
rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be rev sportation comn	ce. In order to iewed and ap nittee, and th	o receive oproved by the	Student	Name	School	Grade
Check here only if incr District Trustees and the		sportation Comr	nittee.	pproved by the	Student	Name	School	Grade
Elem District Approval		Initi □ no	als		Student	Name	School	Grade
HS District Approval County Approval	,	□ no □ no				ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Please	e Print)			Grades □ 1st S	1-12 Semester Only	□ 2nd Semester Only	y Both Semesters
Miriam Schabad					Pre-kin	dergarten/Kinder	garten	
Physical Address (s	treet address	only):			☐ 1st S	Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 19.7 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinders by this To or fr To or fr Kinders To or fr To or fr To or fr Deadl PAREN CLERK files. COUNT	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School lines: ITS: Due to Sch SS: Send original TY SUPERINTER T your files. RI (For dist	times per day,times per day, times per day, es without other schotimes per day, times per day,	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	ws: ansport or provide t transport the studer , the District shall p past semester. be computed on th terminate at the en District	transportation for the this. Mileage control to the parent the parent the the basis of the school year. Chair, Boar	the student(s) the acts are valid of sum officially a stedule established of Truste	County, hereinaft o and from the school of only when transportation approved in the application and in Section 20-10-14 student(s) is no longer es	ter referred to or bus stop on the on for the distance tition upon certificati 42, MCA, and the i	as the District(s) days when school is in reported on the contra on by the teacher or proformation accompan	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was
High School District Twin Bridges K-12		Chair, Boar	a of Truste	ees				Date
			I attes	t that the above i	information is t	rue and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	istrict Responsil	ole for Reimbur	sing the Con	tract	County		Legal Entity
Twin Bridges K-	12 Schools	;			Madison		0540
Is this contract share □ yes □ no	ed between el	ementary and	d high scho	ol?			
Are you applying for (If yes, please attack	h explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	ation of residen- ces must be rev sportation comr	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th				proved by the	Student Name	School	Grade
		□ no	ials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Norman Frankla					Pre-kindergarten/Kinder	rgarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 9				by this contract: To or from Bus Stop To or from School Kindergarten child rid	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho	days per week days per week days per week ol-age students: days per week days per week days per week
□ Contract is for or	, ,						
Students in Each Grade Le	-				Deadlines: PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	ıl to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEI	NDENTS: Send origina	ıl to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	ATF
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	oursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	parent (pare	nt name)			, and school district (dist	trict name)	······································
(county name)				County, hereinaft	er referred to as the District(s)		
	insport or provide				or bus stop on the days when school is in		ian assures that a licensed and
	the District shall p				on for the distance reported on the contra tion upon certification by the teacher or p		mber of days the student(s) was
The payment shall This contract shall	be computed on the terminate at the er	nd of the school ye	ear or when the	student(s) is no longe	42, MCA, and the information accompan r enrolled in school, whichever occurs fir	ying this contract. st.	
Elementary School I	District	Chair, Boa	rd of Truste	es			Date
High School District Twin Bridges K-12 S		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	k 202501 , MT 59620			_	chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the C	Contract		County		Legal Entity
High School or K-12 Dist	rict Responsib	ole for Reimburs	sing the Cont	ract	County		Legal Entity
Twin Bridges K-12	2 Schools	i			Madison		0540
Is this contract shared ☐ yes ☐ no	l between el	ementary and	high schoo	ol?			
Are you applying for is (If yes, please attach of ISOLATION: Section 20	explanation)		□ No	nhursement	Student Name	School	Grade
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the		portation Comm	nittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initia □ no □ no	als 		Student Name	School	Grade
County Approval Parent or Guardian Na		no Print)			THIS CONTRACT IS FOR Grades 1-12 1st Semester Only		y □ Both Semesters
Rachel L. Bontrag	ger				•	•	y Doin Jemesiers
Physical Address (stre		only):			Pre-kindergarten/Kinder		y
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 18.2 o nearest bu HS 0 e-way only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RI (For dis	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week da
Spec. Ed. Contin.							
insured driver will tran 2. In March and June, th transported for the pa 3. The payment shall be	port or provide t isport the studer e District shall p st semester. computed on th	ransportation for the state of the parent the state basis of the sche	he student(s) to acts are valid o sum officially a edule establish	o and from the school of any when transportation opproved in the applicate and in Section 20-10-14	er referred to as the District (district (s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or particularly. MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	
Elementary School Di		Chair, Boar					Date
High School District Twin Bridges K-12 Sc	hools	Chair, Boar	d of Truste	es			Date
			I attest	that the above i	nformation is true and correct.		
Signature - Parent or G	uardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ra	∩t.	+

PO Bo	ox 202501 a, MT 59620				School Year 2 ue to School (
Elementary District Res	ponsible for Re	imbursing the (Contract		Co	ounty		Legal Entity
High School or K-12 Dis	trict Responsib	le for Reimburs	sing the Cont	tract	Co	ounty		Legal Entity
Twin Bridges K-1	2 Schools	i			M	ladison		0540
Is this contract share □ yes □ no	d between el	ementary and	d high school	ol?				
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No		Student	Name	School	Grade
rates for special circums increased rates, individu trustees of the district, tl Public Instruction. (10.7	stances of isola lal circumstanc ne county trans	tion of residences must be reversely common terms.	ce. In order to iewed and appointed, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolation	has been ap	proved by the	Student	Name	School	Grade
Elem District Approval HS District Approval	□ yes □	Initi □ no □ no	ials 		Student		School	Grade
County Approval Parent or Guardian N		noe Print)			Grades			
	·	,			☐ 1st S	Semester Only	 2nd Semester Only 	y Both Semesters
Rayleen Crampton Physical Address (str		only):				dergarten/Kinderg Semester Onlv		y Both Semesters
						RGARTEN/PREK	·	, = ===================================
Distance from home Elementary 0	to nearest so HS 13	hool (one wa	y)		Kinder by this To or fro	garten child rides contract: om Bus Stop	s <u>with</u> other school-a	days per week
Distance from home Elementary 0	to nearest bu HS 3.5	s stop, if any	(one way)		Kinder To or fro	garten child rides om Bus Stop	s <u>without</u> other school times per day, _	days per week
□ Contract is for on	e-way only				lo or fro	om School	times per day, _	days per week
Students in Each Grade Lev	el - Only include	the students to be	e covered by thi	is contract.	Deadl	ines: TS: Due to Scho	al Clark Juna 1	
	Pre-K	K Total	1-8 Total	9-12 Total				. A. matain a samu famous
Regular Trans	Total	Total	Total	Total	files.	5: Send original i	to County Supt by July	y 1, retain a copy for your
Spec. Ed. Trans						Y SUPERINTENI your files.	DENTS: Send origina	I to OPI by July 10, retain a
Room & Board							MBURSEMENT RA	—
Correspondence						(For distri	ct, county and OPI	use only)
Reg. Contingency						Reimbu	rsement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and sc	hool district (distri	ct name)	, , , , , , , , , , , , , , , , , , , ,
(county name)			(County, hereina	fter referred to	as the District(s).		
	sport or provide t					days when school is in s		ian assures that a licensed and
	he District shall p							mber of days the student(s) was
The payment shall b	e computed on th					nformation accompanyir, whichever occurs first.	ng this contract.	
Elementary School D	eistrict	Chair, Boar	rd of Truste	es				Date
High School District Twin Bridges K-12 S	chools	Chair, Boar	rd of Truste	es				Date
goo		1	l attes	t that the above	information is t	rue and correct.		<u> </u>
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Twin Bridges K	-12 Schools	5			Madison		0540
Is this contract shar ☐ yes ☐ no			d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	20-10-142, MC/ nstances of isoladual circumstand the county trans	A, provides for ation of residences must be resportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Tressey Eggers Physical Address (s	street address	only):			Pre-kindergarten/Kind 1st Semester Only	ergarten □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 3.1 e to nearest but HS 0 ne-way only	us stop, if any	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop_ To or from School Kindergarten child ri To or from Bus Stop_ To or from School Deadlines: PARENTS: Due to S CLERKS: Send origin files. COUNTY SUPERINT copy for your files.	times per day, times	days per week da
Contingency Spec. Ed. Contin.					Rein	nbursement rate is deterr 20-10-142, MCA.	mined by
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall the past semester.	transportation for nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportation pproved in the applicated in Section 20-10-1	, and school district (d ter referred to as the District(or bus stop on the days when school i on for the distance reported on the con tion upon certification by the teacher of 42, MCA, and the information accomp r enrolled in school, whichever occurs	s). s in session. The parent or guard tract actually occurs. or principal of the school of the nu	
Elementary School	District		ard of Truste				Date
High School District Twin Bridges K-12		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	nformation is true and correc	t.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 2 Helena, N	02501 /IT 59620-	2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Respon	sible for Rei	mbursing the	Contract		County		Legal Entity
High School or K-12 District	Responsibl	e for Reimbur	sing the Cont	ract	County		Legal Entity
Twin Bridges K-12	Schools				Madison		0540
Is this contract shared be ☐ yes ☐ no	etween ele	mentary and	d high schoo	ol?			
Are you applying for isol (If yes, please attach ex	planation)		□ No		Student Name	School	Grade
ISOLATION: Section 20-10 rates for special circumstan increased rates, individual of trustees of the district, the computer public Instruction. (10.7.116)	ces of isolat circumstance ounty transp	ion of residen es must be revortation comr	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the Co		ortation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval		no	ials 		Student Name	School	Grade
HS District Approval County Approval		no			THIS CONTRACT IS FO	OR:	
Parent or Guardian Nam	ne: (Please	Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Troy Martin					Pre-kindergarten/Kinder		
Physical Address (street	address o	oniy):			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home to r	HS 12	·	•		by this contract: To or from Bus Stop To or from School Kindergarten child rid	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho	days per week days per week days per week ol-age students: days per week days per week days per week
□ Contract is for one-w	, ,						
Students in Each Grade Level -	-				Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	ıl to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEI	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	\TE
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
		L					
Agreement between par	ent (paren	t name)				,	,,,,,,,,,,,,,,,,,,,
(county name) The parties agree as follows:				•	ter referred to as the District(s)		
insured driver will transp	ort the student	s. Mileage cont	racts are valid o	only when transportation	or bus stop on the days when school is in on for the distance reported on the contra- tion upon certification by the teacher or p	ct actually occurs.	
transported for the past s 3. The payment shall be co	semester. mputed on the	basis of the scl	nedule establish	ned in Section 20-10-1	42, MCA, and the information accompan	ying this contract.	inder of days the student(s) was
4. This contract shall termine Elementary School Distr	nate at the end	of the school ye	ear or when the rd of Truste	student(s) is no longe	r enrolled in school, whichever occurs fir	st.	Date
High School District Twin Bridges K-12 Scho	ols	Chair, Boa	rd of Truste	es			Date
- Will Bridges IV-12 SCHO	UIU		I attes	t that the above i	nformation is true and correct.		
Signature - Parent or Gua	rdian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Harrison K-12 S	chools				Madison		0543
Is this contract share ☐ yes ☐ no	ed between e	lementary an	ıd high scho	ol?			
Are you applying for (If yes, please attack	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstana the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the				oproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Ann Hokanson Physical Address (s	treet address	only):			Pre-kindergarten/Kind		= D # 0
1 Hysical Address (s	ileet addiess	Offig).			☐ 1st Semester Only KINDERGARTEN/PR	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Lo	HS 14 e to nearest bu HS 4.5 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten child ri by this contract: To or from Bus Stop_ To or from School	times per day, times per day, times per day, times per day, des without other scho times per day, times per day, times per day, chool Clerk June 1.	days per week days per week days per week
Spec. Ed. Trans					copy for your files.	ENDENTS: Send origina	I to OPI by July 10, retain a
Room & Board Correspondence						REIMBURSEMENT RA strict, county and OPI	
Reg. Contingency Spec. Ed. Contin.					Rein	nbursement rate is detern 20-10-142, MCA.	nined by
Agreement betweer	n parent (pare	nt name)			, and school district (d	strict name)	,
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on to	nts. Mileage con pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the application Section 20-10-1	ter referred to as the District(or bus stop on the days when school is on for the distance reported on the con tion upon certification by the teacher of 42, MCA, and the information accomp or enrolled in school, whichever occurs	s in session. The parent or guard tract actually occurs. r principal of the school of the nur anying this contract.	
Elementary School		Chair, Boa	ard of Truste	es			Date
High School District Harrison K-12 Scho		Chair, Boa	ard of Truste	ees			Date
			l attes	t that the above i	information is true and correct	t	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Harrison K-12 S	Schools				Madison		0543
Is this contract shar ☐ yes ☐ no	red between el	ementary an	d high scho	ol?			
Are you applying fo (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Karmen VonBe Physical Address (s	rgen street address	only):			Pre-kindergarten/Kind	lergarten □ 2nd Semester Onl	ly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one Students in Each Grade L	HS 13 e to nearest bu HS 0 ne-way only	us stop, if any	y (one way)	is contract.	by this contract: To or from Bus Stop_ To or from School Kindergarten child r	times per day, times per day, times per day, ides without other schottimes per day, times per day, times per day,	days per week days per week days per week col-age students: days per week days per week days per week days per week
Dogular Trans	Total	Total	Total	Total	CLERKS: Send origi files.	nal to County Supt by Jul	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINT copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board Correspondence						REIMBURSEMENT R. istrict, county and OPI	
Reg. Contingency Spec. Ed. Contin.					Reir	nbursement rate is detern 20-10-142, MCA.	mined by
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude to platfict shall per past semester.	transportation for nts. Mileage con pay the parent the ne basis of the so	the student(s) the student same valid of the sum officially achieved the student stude	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (d ter referred to as the District(or bus stop on the days when school i on for the distance reported on the cor tion upon certification by the teacher of 42, MCA, and the information accomp r enrolled in school, whichever occurs	s). s in session. The parent or guard tract actually occurs. or principal of the school of the nuanying this contract.	
Elementary School			ard of Truste				Date
High School District Harrison K-12 Scho		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	nformation is true and correct	et.	
Signature - Parent or	Guardian			<u></u>		Date	

Linda McCulloch, Superintendent | INDIVIDUAL TRANSPORTATION CONTRACT

\sim	 -r-	<u>_</u>	
	112		

Office of Public PO Box 202501 Helena, MT 590		School Year 2004- 2005						
Elementary District Responsible for	r Reimbursing the Cor	tract	County	Legal Entity				
High School or K-12 District Respo	nsible for Reimbursing	the Contract	County	Legal Entity				
Ennis K-12 Schools			Madison	0546				
Is this contract shared between ☐ yes ☐ no	n elementary and hi	gh school?						
Are you applying for isolation s (If yes, please attach explanati ISOLATION: Section 20-10-142, N	on)	No	Student Name School	Grade				
rates for special circumstances of i increased rates, individual circumst trustees of the district, the county to Public Instruction. (10.7.116 ARM)	solation of residence. tances must be review ransportation committe	In order to receive red and approved by the ree, and the Office of	Student Name School	Grade				
Check here only if increased paym District Trustees and the County Tr			Student Name School	Grade				
Elem District Approval	Initials □ no		Student Name School	Grade				
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FOR:					
Parent or Guardian Name: (Ple	ease Print)		Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only	nly Both Semesters				
Charles & Nyla Davie Physical Address (street addre	and only):		Pre-kindergarten/Kindergarten					
Physical Address (street addre	ess only).		☐ 1st Semester Only ☐ 2nd Semester Only	nly Both Semesters				
Distance from home to nearest Elementary 0 HS 0 Distance from home to nearest Elementary 0 HS 6 Contract is for one-way onl Students in Each Grade Level - Only incl Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	t bus stop, if any (or y ude the students to be co		KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school by this contract: To or from Bus Stop times per day, To or from School times per day, Kindergarten child rides without other sch To or from Bus Stop times per day, To or from School Clerk June 1. CLERKS: Send original to County Supt by Jufiles. COUNTY SUPERINTENDENTS: Send origin copy for your files. REIMBURSEMENT FOR COUNTY AND OF C	days per week da				
insured driver will transport the st 2. In March and June, the District sh transported for the past semester 3. The payment shall be computed	ide transportation for the sudents. Mileage contracts all pay the parent the sum on the basis of the schedu	County, herein student(s) to and from the sch s are valid only when transpor n officially approved in the appule established in Section 20-1	, and school district (district name) nafter referred to as the District(s). nool or bus stop on the days when school is in session. The parent or guatation for the distance reported on the contract actually occurs. lication upon certification by the teacher or principal of the school of the relative to the school of the school of the relative to the school of the scho					
Elementary School District	Chair, Board	of Trustees		Date				
High School District Ennis K-12 Schools	Chair, Board		Date					
-		I attest that the above	ve information is true and correct.					
Signature - Parent or Guardian			Date					

Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501	School Year 2004- 2005 Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	County			
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Ennis K-12 Sch	ools				Madison		0546		
Is this contract shar □ yes □ no	red between e	lementary ar	nd high scho	ol?					
Are you applying for isolation status? Yes No (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement					Student Name	School	Grade		
rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if inconstrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	y Both Semesters		
Kelly Hanson Physical Address (s	street address	only):			Pre-kindergarten/Kinde	ergarten 2nd Semester On	y □ Both Semesters		
					KINDERGARTEN/PREKINDERGARTEN:				
Distance from home Elementary 0 Distance from home Elementary 0	HS 0 e to nearest bi HS 6	·	• /		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day, times per day, des without other scho	days per week days per week days per week ool-age students: days per week days per week days per week		
☐ Contract is for o		the students to l	ne covered by th	is contract	Deadlines:				
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12					PARENTS: Due to So	hool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send origin files.	al to County Supt by Ju	y 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a		
•						REIMBURSEMENT R	ATE		
Room & Board Correspondence						strict, county and OPI			
Reg.					5		.		
Contingency Spec. Ed. Contin.					Reim	bursement rate is detern 20-10-142, MCA.	nined by		
				1					
Agreement between	n parent (pare	nt name)			, and school district (di	strict name)	,		
(county name)	. "	,			ter referred to as the District(s	,	•		
The parties agree as follo		transportation for		•	or bus stop on the days when school is	•	dian assures that a licensed and		
In March and June	, the District shall	ents. Mileage cor pay the parent th	tracts are valid of e sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the cont tion upon certification by the teacher or	ract actually occurs. principal of the school of the nu	mber of days the student(s) was		
transported for the 3. The payment shall	be computed on t	he basis of the so	chedule establis	ned in Section 20-10-1	42, MCA, and the information accompa	nying this contract.			
Elementary School			ard of Truste		r enrolled in school, whichever occurs t	ແວ ເ.	Date		
High School Distric		Chair, Board of Trustees Date							
			I attes	t that the above i	nformation is true and correct	i	<u> </u>		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620						
Elementary District Res			Contract		County		Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity
Ennis K-12 Scho					Madison		0546
Is this contract share ☐ yes ☐ no	ed between el	ementary an	id high scho	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation)	1	□ No	mhursamant	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semester	Only Both Semesters
Marie Goode Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters		
Distance from home to nearest school (one way) Elementary 0					Kindergarten c by this contrac To or from Bus S To or from Scho Kindergarten c To or from Bus S To or from Scho Deadlines: PARENTS: Due CLERKS: Seno files. COUNTY SUPE copy for your file	t: Stop times per da ol times per da hild rides without other s Stop times per da ol times per da e to School Clerk June 1. d original to County Supt by ERINTENDENTS: Send original	days per week da
insured driver will tr 2. In March and June, transported for the late of the l	rs: nsport or provide ansport the stude the District shall p past semester. be computed on the	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	the student(s) to stracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when	school is in session. The parent or the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and ne number of days the student(s) was
Elementary School [Jistrict	Chair, Board of Trustees Date					
High School District Ennis K-12 Schools		Chair, Board of Trustees Date					
			I attes	t that the above i	information is true and	correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	x 202501 , MT 59620						
Elementary District Resp	onsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dist	High School or K-12 District Responsible for Reimbursing the Contract						Legal Entity
Ennis K-12 School	ols				Madison		0546
Is this contract shared □ yes □ no	l between el	ementary an	d high school	ol?			
Are you applying for is (If yes, please attach	explanation))	□ No		Student Name	School	Grade
ISOLATION: Section 20 rates for special circumst increased rates, individual trustees of the district, the	ances of isola al circumstance county trans	ation of resident ces must be resportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7.7) Check here only if increa District Trustees and the	sed payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval	□ yes □	□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian Na	ame: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Pat McManaman Physical Address (stre	oot addross	only):			Pre-kindergarten/Kinder		
Filysical Address (sile	eet address	Offig).			 1st Semester Only KINDERGARTEN/PRE 		y □ Both Semesters
Distance from home to nearest school (one way) Elementary 0 HS 6 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 13					Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day, times per day, s without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for one Students in Each Grade Leve	, ,	the students to b	e covered by thi	s contract.	Deadlines :		
	Pre-K	К	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTER copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	ATE
Correspondence						rict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
	.,						
Agreement between p	arent (parer	nt name)			, and school district (dist	,	······································
insured driver will trar 2. In March and June, th transported for the pa 3. The payment shall be	sport or provide to ensport the studer the District shall p est semester. The computed on the	nts. Mileage cont pay the parent the ne basis of the sc	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in it in for the distance reported on the contra ation upon certification by the teacher or put 142, MCA, and the information accompan	n session. The parent or guardict actually occurs. rincipal of the school of the nur ying this contract.	
4. This contract shall ter Elementary School Di			ear or when the rd of Truste		er enrolled in school, whichever occurs fire	st.	Date
High School District Ennis K-12 Schools		Chair, Board of Trustees Date					
33333		<u>. </u>	I attes	t that the above	information is true and correct.		
Signature - Parent or G	uardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620							
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity	
Ennis K-12 Scho	ols				Madison		0546	
Is this contract share ☐ yes ☐ no	d between el	ementary an	d high school	ol?				
Are you applying for (If yes, please attach	explanation)	1	□ No		Student Name	School	Grade	
rates for special circums increased rates, individu trustees of the district, t	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade	
Public Instruction. (10.7 Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade	
Elem District Approval	-		tials		Student Name	School	Grade	
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	<u>OR:</u>		
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Susan Meyers Physical Address (st	reet address	only).			Pre-kindergarten/Kinder		Della Commentant	
Tilyologi / idalogo (ot	.001 aaa1000	oy/.			1st Semester OnlyKINDERGARTEN/PRE	Í	y □ Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 9.5					Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week			
☐ Contract is for on Students in Each Grade Le	, ,	the students to h	ne covered by th	is contract	Deadlines:	· ,,		
Stadento III Edon Glade Ed	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your	
Regular Trans					COUNTY SUPERINTER	NDENTS: Send origina	I to OPI by July 10, retain a	
Spec. Ed. Trans					copy for your files.		.TE	
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI		
Reg. Contingency					Reimb	ursement rate is determ	nined by	
Spec. Ed. Contin.						20-10-142, MCA.	,	
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	······································	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) If or bus stop on the days when school is in the distance reported on the contral action upon certification by the teacher or particularly and the information accompanion accompanion of the control of the cont	n session. The parent or guardi ct actually occurs. vincipal of the school of the nur ying this contract.		
	4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date							
High School District Ennis K-12 Schools		Chair, Board of Trustees Date						
			I attes	t that the above	information is true and correct.			
Signature - Parent or 0	Guardian					Date		